

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19202
Registrar's No. 64

Registration District No. 5

Primary Registration District No. 4480

1. PLACE OF DEATH

(a) County Schuyler
(b) City or town Greentop
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

3. (a) PRINT FULL NAME Nancy Audrey Erwin
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex fe 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Turner Erwin 6. (c) Age of husband or wife if alive, years
7. Birth date of deceased Dec 3 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 5 1 hr. min.

9. Birthplace Mo O
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name John Fletcher

13. Birthplace Mo O
(City, town, or county) (State or foreign country)

14. Maiden name Lottie Huskins

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Lottie Baker

(b) Address members mo

17. (a) BURIAL (b) Date thereof 5-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Queen City Mo

18. (a) Signature of funeral director Clarence

(b) Address Mo

19. (a) May 7, 1943 (b) A. Justice
(Date received at local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Schuyler
(c) City or town Queen City Mo, Mo
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 4
year 1943 hour 5 minute 40 P.M.

21. I hereby certify that I attended the deceased from march 25 1943 to May 4 1943.
that I last saw her alive on May 4 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of pancreas & liver metastasis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Clarence (M. D. or other)

Address Greentop Mo Date signed 5-5-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 6-43-981

Date Filed JUN 7 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

L. E. Hopper

Licensed Embalmer No.....

4261

P. O. Address.....

Clarens, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.